CITY OF ANGELS Building Permit Application



Please return Completed Application To: City of Angels Building Department 200 B Monte Verda Street P.O. Box 667 Angels Camp, CA 95222 Phone:(209)736-1346 Fax:(209)736-9048

CONST	RUCTION LOCATION		
Building Address		16	PLAN SUBMITTAL REQUIREMENTS Incomplete submittals or illegible submittals may delay approval
APN			New Residential, Remodels & Additions
			1. Three complete sets of plans which include:
OWNER INFORMATION			Plot Plan
Name			Floor Plan
Malika Addam			Framing Details
Mailing Address			Foundation Plan
City	State	Zip	Elevations
			Energy Compliance Forms
Phone Email Address			Truss Sheets
			Engineering Calculations (if required)
CONTRACTOR INFORMATION			Landscape Plan
Name			One additional floor plan/elevations (Assessor's Copy) Owner-Builder Form
Mailing Address			- S. Owner Builder Form
× 1			NOTE: Before the issuance of a new
City	State	Zip	construction building permit, lot pins must
Phone	Email Address		be identified and the setbacks must be strung
			to verify information on site plan.
City Business Lic #	State Lic #	Class	If work is not commenced within 180 days of issuance
Workman's Comp	Policy Number		the permit is invalid and applicant is not entitled to a
			refund of permit fees.
ARCI	HITECT/ENGINEER		
Name	State Lie #		
Mailing Address			PROJECT INFORMATION
0'			Type of Improvement (check all that apply) PROJECT VALUE
City	State	Zip	New Construction
nno	IPOT PROCEDENCY		Residential Multi-Family
PROJECT DESCRIPTION Please describe work to be done			Residential Addition
ocyclice work to be write			Tenant Improvement
			Yes: No: Sign Other:
			$\int_{\mathbf{X}} \mathbf{x}$
			APPLICANT SIGNATURE DATE
			BUILDING PERMIT NUMBER



City of Angels
Building Department
200 B Monte Verda Street
P.O. Box 667
Angels Camp, CA 95222
(209)736-1346



CONSTRUCTION PERMIT APPLICATION

(Supplemental to Building Permit Application)

Please Print Legibly

1. IDENTIFY WHO WILL PERFORM THE WORK (complete EITHER 1a or 1b)

1a. California Licensed Contractor's Declaration
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with § 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Name:

Mailing Address:
License Number:

Class:

License Number: ______ Class: ______

Contractor's Signature: ______

1b. Owner-Builder Declaration (If owner-builder, fill out Owner-Builder Form, separate)
I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for

- I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any City or County that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors State License Law (Chapter 9 commencing with § 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).
 - () I, as owner of the property, or my employees with wages as their sole compensation, will do () all of OR () portions of the work, and the structure is not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.
 - () I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

resided for at least one year prior to comcannot legally sell a structure that I have its entirety by licensed contractors. I und	t, except for my personal residence in which i must have pletion of the improvements covered by this permit, I puilt as an owner-builder if it has not been constructed it erstand that a copy of the applicable law, Section 7044 of lable upon request when this application is submitted of fo.ca.gov/calaw.html
Property Owner or Authorized Agent Sign	ture Date
IDENTIFY WORKERS' COMPENSATION CO	/ERAGE AND LENDING AGENCY
DOLLARS (\$100,000), IN ADDITION TO THE IN SECTION 3706 OF THE LABOR CODE, IN WORKERS' COMPENSATION DECLARATION	
by the Director of Industrial Relations as p	ne of the following declarations: of consent to self-insure for workers' compensation, iss rovided for by Section 3700 of the Labor Code, for the
() I have and will maintain a certificate	ne of the following declarations: of consent to self-insure for workers' compensation, iss rovided for by Section 3700 of the Labor Code, for the mit is issued.
() I have and will maintain a certificate by the Director of Industrial Relations as performance of the work for which this performance of the work for which this performance and will maintain workers' contabor Code, for the performance of the work compensation insurance carrier and policy Carrier	ne of the following declarations: of consent to self-insure for workers' compensation, isservided for by Section 3700 of the Labor Code, for the mit is issued. npensation insurance, as required by Section 3700 of the rk for which this permit is issued. My workers' are: Policy No
() I have and will maintain a certificate by the Director of Industrial Relations as performance of the work for which this performance of the work for which this performance of the work for the performance of the work compensation insurance carrier and policy Carrier Name of Agent	ne of the following declarations: of consent to self-insure for workers' compensation, issolved for by Section 3700 of the Labor Code, for the mit is issued. opensation insurance, as required by Section 3700 of the rk for which this permit is issued.

2.

3.	DECLARATION BY CONSTRUCTION PERMIT APPLICANT
	By my signature below, I certify to each of the following:
	I am () a California Licensed Contractor OR () the property owner* OR () authorized to act on the property owners' behalf**.
	I have read this construction permit application and the information I have provided is correct.
	I agree to comply with all applicable City and County ordinances and State laws relating to building construction.
	I authorize representatives of the City of Angels to enter the above-identified property for inspection purposes.
	California Licensed Contractor, Property Owner* or Authorized Agent**.
	Signature Date
	Signature Date
	* Required separate verification form (Owner-Bullder Form, separate) ** Requires separate authorization form (Owner-Bullder Form, separate)
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THANK YOU FROM THE CITY OF ANGELS

3.